

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

MIRIAM MAINA,

Plaintiff,

v.

PRIMERICA LIFE INSURANCE
COMPANY,

Defendant.

§
§
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§
§
§
§
§

C.A. NO. 4:16-cv-715

EXHIBIT “A”
DEFENDANT’S INDEX OF STATE COURT MATTERS

Defendant, in connection with the removal of this case to the United States District Court for the Southern District of Texas, Houston Division, files its index of state court matters, pursuant to Local Rule 81, as follows:

	<u>State Court Document</u>	<u>Date</u>
1.	Docket Sheet	N/A
2.	Plaintiff’s Original Petition and Request for Disclosure	02-04-2016
3.	Civil Case Information Sheet	02-04-2016
4.	Civil Process Request Form	02-04-2016
5.	Plaintiff’s First Set of Interrogatories and First Request for Production to Defendant, Primerica Life Insurance Company	02-04-2016
6.	Civil Process Pick-Up Form	02-09-2016
7.	Citation – Primerica Life Insurance Company	02-29-2016

Respectfully submitted,

By: /s/ Bill E. Davidoff
Bill E. Davidoff
State Bar No. 00790565
Federal I.D. No. 19513
bill.davidoff@figdav.com
Attorney-in-Charge

FIGARI + DAVENPORT, LLP
901 Main Street, Suite 3400
Dallas, Texas 75202-3796
Tel: 214.939.2000
Fax: 214.939.2090

ATTORNEYS FOR DEFENDANT
PRIMERICA LIFE INSURANCE COMPANY

CERTIFICATE OF SERVICE

I hereby certify that on March 18, 2016, I electronically filed the foregoing with the Clerk of Court using the CM/ECF system which will send notification of such filing to all parties who have appeared and registered with CM/ECF.

/s/ Bill E. Davidoff
Bill E. Davidoff

EXHIBIT “1”

HCDistrictclerk.com

MAINA, MIRIAM vs. PRIMERICA LIFE INSURANCE
COMPANY

3/9/2016

Cause: 201607354 CDI: 7 Court: 234

DOCUMENTS

Number	Document	Post Jdgm	Date	Pgs
69275243	Citation		03/07/2016	2
69102144	Civil Process Pick-Up Form		02/09/2016	1
68860150	Plaintiffs Original Petition and Request For Disclosure		02/04/2016	6
-> 68860152	Civil Case Information Sheet		02/04/2016	2
-> 68860153	Civil Process Request Form		02/04/2016	1
-> 68860151	Plaintiff's first set of Interrogatories and first Request For Production to Defendant		02/04/2016	10

EXHIBIT “2”

2016-07354 / Court: 234

NO. _____

MIRIAM MAINA	§	IN THE DISTRICT COURT OF
	§	
VS.	§	HARRIS COUNTY, TEXAS
	§	
PRIMERICA LIFE INSURANCE	§	
COMPANY	§	_____ JUDICIAL DISTRICT

PLAINTIFF'S ORIGINAL PETITION AND
REQUEST FOR DISCLOSURE

TO THE HONORABLE JUDGE OF SAID COURT:

NOW COMES, MIRIAM MAINA, Plaintiff, and files this Original Petition, complaining of the Defendant, PRIMERICA LIFE INSURANCE COMPANY (hereinafter "PRIMERICA") and for cause of action would respectfully show the following:

I.
Discovery

Pursuant to Rules 190.1 and 190.4 of the Texas Rules of Civil Procedure. Plaintiff alleges that this case should be conducted under Level 3 of the Discovery control Plan.

II.
Parties

Plaintiff, MIRIAM MAINA is and at all times relevant to this lawsuit a resident of Harris County, Texas.

Defendant, PRIMERICA LIFE INSURANCE COMPANY, is a foreign insurance company doing business in Texas. Defendant maybe served with citation and suit papers by serving same on its Attorney for Service, CT Corporation System at 1999 Bryan Street, Suite 900, Dallas, Texas 75201-3136, or wherever it may be found.

**III.
Jurisdiction and Venue**

At all times relevant to this suit, Defendant was a foreign insurance company doing business for monetary profit in Texas. This case is not removable pursuant to 28 U.S.C. § 1441(b). The Federal Courts lack federal question subject matter jurisdiction over this action, as no claim or defense in this matter is based upon or arises under a federal statute or law.

Venue in this case is proper in Harris County, Texas, pursuant to §15.032 of the Texas Civil Practice & Remedies Code because the loss occurred in Harris County and the insured resided in Harris County.

**IV.
Facts**

On or about November 11, 2013, Defendant PRIMERICA issued a Life Insurance Policy to DEVAN ROBERTSON with \$100,000 in death benefits. Mr. Robertson named his wife, MIRIAM MAINA, as the sole beneficiary under the policy.

On January 4, 2015, Mr. Robertson passed away. Following Mr. Robertson's death, Plaintiff submitted her claim for death benefits to Defendant, PRIMERICA. Ms. MAINA promptly provided PRIMERICA with all of the requested material to enable Defendant to investigate and fully pay her claim. However, PRIMERICA denied Plaintiff's claim. Plaintiff disagrees with PRIMERICA's decision and Plaintiff now brings suit against Defendant for this wrongful denial of her Life Insurance claim.

**V.
Causes of Action Against Defendant**

A. -- Violations of the Texas Insurance Code

Based on the above conduct, Defendant's violations of the Texas Insurance Code include, but are not necessarily limited to:

- (1) knowingly misrepresenting to the Plaintiff, Miriam Maina pertinent facts or policy provisions relating to coverage at issue;
- (2) failing to effect a prompt, fair, and equitable settlement of the claim in which liability has become reasonably clear;
- (3) constructively denying the claim without first conducting a reasonable investigation of the claim;
- (4) failing within a reasonable time to affirm or deny coverage;
- (5) failing within a reasonable time to pay the policy benefits; and
- (6) making a material misstatement of fact.

As a result of Defendant's violation of the Texas Insurance Code, Plaintiff has suffered damages.

B. – Breach of the Duty of Good Faith and Fair Dealing

In addition or in the alternative, Plaintiff would show that the Defendant had a duty to deal fairly and in good faith with her in the handling of her insurance claim. Defendant breached this duty by both refusing to properly investigate the claim and wrongfully refusing to pay the full value of the claim. Defendant knew or should have known that there was no reasonable basis for failing pay the full value of Plaintiff's life insurance claim. As a result of Defendant's breach of these legal duties, Plaintiff has suffered damages.

C.— Violations of the Texas Deceptive Trade Practices Act

In addition or in the alternative, Plaintiff would show that Defendant's acts and omissions as discussed above were violations of the Texas Deceptive Trade Practice Act (DTPA).

Tex. Bus. & Com. Code §§ 17.42, 17.46, 17.50(a) provides additional protections to consumers who are victims of deceptive, improper, or illegal practices. Defendant's above-described violations of the Texas Insurance Code and other unconscionable acts are violations of the DTPA.

D. –Breach of Contract

In addition or in the alternative, Plaintiff would show that at the time of Mr. Robertson's death there was a valid contract in existence (i.e., the Life Insurance Policy) and that Mr. Robertson and Plaintiff complied with all applicable terms of the subject contract. Defendant, PRIMERICA breached the contract by refusing to pay the full amount of benefits due under the Policy following Mr. Robertson's death. As a result of Defendant's breach of contract, Plaintiff has suffered damages.

**VI.
Damages**

Plaintiff is entitled to the actual damages resulting from the above-described acts and omissions of the Defendant including but not limited to the full amount of policy proceeds which were due under the terms of the subject policy of insurance.

In addition, Plaintiff is entitled to damages pursuant to Texas Insurance Code §542.060.

Furthermore, Defendant's knowing and intentional violations of Texas Insurance Code §§ 541 and 542 and Tex. Bus. & Com Code §17.50, its unconscionable acts, as well as the breach of its common law duty of good faith and fair dealing entitles Plaintiff to damages for mental anguish and statutory damages as permitted by the Texas Insurance Code and the Tex. Bus. & Com. Code.

Pursuant to Tex. R. Civ. P. 47c, Plaintiff seeks monetary relief over \$100,000.00 but not more than \$200,000.00.

**VII.
Attorney's Fees**

Plaintiff is entitled to recover reasonable and necessary attorney fees under Tex. Civ. Prac. & Rem. Code 38.001(8), Tex. Bus. & Com Code §17.50 (d), Tex. Ins. Code § 541.152(a)(1), and Tex. Ins. Code § 542.060.

**VIII.
Interest**

Plaintiff further brings suit for pre-judgment interest as allowed by law.

**IX.
Conditions Precedent**

All conditions precedent to Plaintiff's claim for relief have been performed or have occurred.

**X.
Rule 193.7 Disclosure**

Pursuant to Rule 193.7 of the Texas Rules of Civil Procedure, Plaintiff hereby gives actual notice to Defendant that any and all documents produced by Defendant may be used against Defendant at any pretrial proceeding and/or at the trial of this matter without the necessity of authenticating the documents.

**XI.
Request for Jury Trial**

Plaintiff requests a trial by jury and the required jury fee has been paid.

**XII.
Request For Disclosure**

Pursuant to Rule 194 of the Texas Rules of Civil Procedure, Defendant is hereby requested to disclose, within 50 days of service of this request, the information or material described in Texas Rule of Civil Procedure 194.2(a)-(l).

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that the Defendant be cited in terms of law to appear and answer herein and that upon final trial hereof, Plaintiff have judgment against the Defendant, for her damages, as well as costs of court, pre-judgment interest, attorneys' fees, interest on the judgment, and for such other and further relief, both general and special, legal and equitable, as she may show herself justly entitled.

Respectfully submitted,

THE CALLAHAN LAW FIRM



MICHAEL CALLAHAN

State Bar No.: 00790416

CASEY BROWN

State Bar No.: 24031768

440 Louisiana, Suite 2050

Houston, Texas 77002

Telephone: (713) 224-9000

Facsimile: (713) 224-9001

Email: efiling@thecallahanlawfirm.com

ATTORNEYS FOR PLAINTIFF

EXHIBIT “3”

2/4/2016 3:10:18 PM

Chris Daniel - District Clerk

Harris County

Envelope No: 8962074

By: FRANKLIN, KRYSTAL G

Filed: 2/4/2016 3:10:18 PM

CIVIL CASE INFORMATION SHEET

CAUSE NUMBER (FOR CLERK USE ONLY)

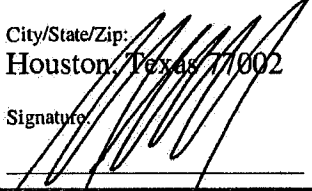
2016-07354 / Court: 234

COURT (FOR CLERK USE ONLY)

STYLED MIRIAM MAINA V. PRIMERICA LIFE INSURANCE COMPANY

(e.g., John Smith v. All American Insurance Co; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet: Name: Michael Callahan Address: 440 Louisiana St., Ste. 2050 City/State/Zip: Houston, Texas 77002 Signature:  Email: info@thecallahanlawfirm.com Telephone: (713) 224-9000 Fax: (713) 224-9001 State Bar No: 00790416		Names of parties in case: Plaintiff(s)/Petitioner(s): Miriam Maina Defendant(s)/Respondent(s): Primerica Life Insurance Company [Attach additional page as necessary to list all parties]		Person or entity completing sheet is: <input checked="" type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____					
2. Indicate case type or identify the most important issue in the case (select only 1):									
Civil			Family Law						
Contract Debt/Contract <input checked="" type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input checked="" type="checkbox"/> Other Debt/Contract: _____ Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input checked="" type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract: _____		Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: _____ <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input checked="" type="checkbox"/> Asbestos/Silica <input checked="" type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage: _____		Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: _____ Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other: _____		Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other: _____		Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocals (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Paternity/Parentage <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child: _____	
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment: _____		Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input checked="" type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other: _____							
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax		Probate & Mental Health Probate/Wills/Intestate Administration <input checked="" type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input checked="" type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other: _____							
3. Indicate procedure or remedy, if applicable (may select more than 1):									
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover					
4. Indicate damages sought (do not select if it is a family law case):									

- ☐ Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees
- ☐ Less than \$100,000 and non-monetary relief
- ☒ Over \$100,000 but not more than \$200,000
- ☐ Over \$200,000 but not more than \$1,000,000
- ☐ Over \$1,000,000

Rev 2/13

EXHIBIT “4”

2/4/2016 3:10:18 PM

Chris Daniel - District Clerk

Harris County

Envelope No: 8962074

By: FRANKLIN, KRYSTAL G

Filed: 2/4/2016 3:10:18 PM

CIVIL PROCESS REQUEST FORM

2016-07354 / Court: 234

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING TO BE SERVED
 FOR WRITS FURNISH TWO (2) COPIES OF THE PLEADING PER PARTY TO BE SERVED

CASE NUMBER: _____ CURRENT COURT: _____

TYPE OF INSTRUMENT TO BE SERVED (See Reverse For Types): Plaintiff's Original Petition, Request for Disclosure, Interrogatories, and Request for ProductionFILE DATE OF MOTION: _____
Month/ Day/ Year

SERVICE TO BE ISSUED ON (Please List Exactly As The Name Appears In The Pleading To Be Served):

1. NAME: PRIMERICA LIFE INSURANCE COMPANYADDRESS: 1999 Bryan Street, Suite 900, Dallas, Texas 75201-3136, or wherever it may be found.AGENT, (if applicable): CT Corporation SystemTYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): CITATION

SERVICE BY (check one):

☐ ATTORNEY PICK-UP☐ CONSTABLE☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____

Phone: _____

☐ MAIL☐ CERTIFIED MAIL☐ PUBLICATION:

Type of Publication:

☐ COURTHOUSE DOOR, or☐ NEWSPAPER OF YOUR CHOICE: _____☐ OTHER, explain _____

ATTENTION: Effective June1, 2010

For all Services Provided by the DISTRICT CLERKS OFFICE requiring our office to MAIL something back to the Requesting Party, we require that the Requesting Party provide a Self-Addressed Stamped Envelope with sufficient postage for mail back. Thanks you,

2. NAME: _____

ADDRESS: _____

AGENT, (if applicable): _____

TYPE OF SERVICE/PROCESS TO BE ISSUED (see reverse for specific type): _____

SERVICE BY (check one):

☐ ATTORNEY PICK-UP☐ CONSTABLE☐ CIVIL PROCESS SERVER - Authorized Person to Pick-up: _____

Phone: _____

☐ MAIL☐ CERTIFIED MAIL☐ PUBLICATION:

Type of Publication:

☐ COURTHOUSE DOOR, or☐ NEWSPAPER OF YOUR CHOICE: _____☐ OTHER, explain _____

ATTORNEY (OR ATTORNEY'S AGENT) REQUESTING SERVICE:

NAME: MICHAEL CALLAHANTEXAS BAR NO./ID NO. 00790416MAILING ADDRESS: 440 Louisiana St., Suite 2050, Houston, Texas 77002PHONE NUMBER: 713

area code

224-9000

phone number

FAX NUMBER: (713)

area code

224-9001

fax number

EMAIL ADDRESS: info@thecallahanlawfirm.com

EXHIBIT “5”

2/4/2016 3:10:18 PM
Chris Daniel - District Clerk
Harris County
Envelope No: 8962074
By: FRANKLIN, KRYSTAL G
Filed: 2/4/2016 3:10:18 PM

2016-07354 / Court: 234

NO. _____

MIRIAM MAINA	§	IN THE DISTRICT COURT OF
	§	
VS.	§	HARRIS COUNTY, TEXAS
	§	
PRIMERICA LIFE INSURANCE	§	
COMPANY	§	_____ JUDICIAL DISTRICT

PLAINTIFF'S FIRST SET OF INTERROGATORIES AND
FIRST REQUEST FOR PRODUCTION TO DEFENDANT,
PRIMERICA LIFE INSURANCE COMPANY

TO: PRIMERICA LIFE INSURANCE COMPANY, maybe served with citation and suit papers by serving same on its Attorney for Service, CT Corporation System at 1999 Bryan Street, Suite 900, Dallas, Texas 75201-3136, or wherever it may be found.

COMES NOW, Plaintiff MIRIAM MAINA, in the above entitled and numbered cause, and requests that Defendant, PRIMERICA LIFE INSURANCE COMPANY, respond and pursuant to the provisions of the Texas Rules of Civil Procedure the items specified below, and return same to the office of THE CALLAHAN LAW FIRM, 440 Louisiana, Suite 2050, Houston, Texas 77002 within the time prescribed by the Texas Rules of Civil Procedure.

Respectfully submitted,

THE CALLAHAN LAW FIRM



MICHAEL CALLAHAN
State Bar No. 00790416
CASEY BROWN
State Bar No. 24031768
440 Louisiana, Suite 2050
Houston, Texas 77098
Telephone: (713) 224-9000
Facsimile: (713) 224-9001
Email: efiling@thecallahanlawfirm.com

ATTORNEYS FOR PLAINTIFF

DEFINITIONS AND INSTRUCTIONS

1. The term "**document**" is used in its customary broad sense to include all documents and tangible things as defined in Rule 192.3(b) TRCP; i.e., all papers, books, accounts, drawings, graphs, charts, photographs, email, electronic or videotape recordings, data, and data compilations. The term "**document**" includes all written or graphic matter of every kind or description, whether printed or reproduced by any process, or written and/or produced by hand, whether final or draft, original or reproduction, whether or not claimed to be privileged or otherwise excludable from discovery, whether in the actual or constructive possession, custody or control of said Defendant. The term "**document**", as used herein, also includes the original of any documents in whatever form or medium it may exist, and all copies of each such document bearing, on any sheet or slide thereof, any marks, including by way of illustration only and not by way of limitation, initials, stamped indicia, any comments or notation of any character not a part of the original text or any reproduction thereof.

2. The term "**communication**" means any transmission of information of any sort whatsoever by one or more persons to one or more persons and/or between one or more persons, by any means whatsoever, including, but not limited to, telephone conversations, letters, email, documents, telegrams, teletypes, telecopies, written memoranda and face-to-face conversations.

3. The term "**Defendant**" or "**Insurer**" as used herein refers to PRIMERICA LIFE INSURANCE COMPANY, and all present and former employees, agents or representatives of the Defendant, unless otherwise indicated.

4. The term "**Plaintiff**" as used herein refers to MIRIAM MAINA, unless otherwise indicated.

5. The term "**policy**", "**policies**", "**subject policy**" means the Insurance policy issued by the Defendant to provide insurance coverage to Devan Robertson.

6. The term "**claim**" "**claim(s)**" or "**claims**" means any and all claims made by the Plaintiff for under the policy due to death of Devan Robertson.

7. The term "**you**" or "**your**" means the Defendant.

8. The term "**identify each person**" as used in these interrogatories means to state the name, present or last known home address, present or last known home telephone number for each such person.

9. The term "**identify each document**" as used in these Interrogatories means to state the following for each such document:

- (a) A general description of each such document,
- (b) The date of each such document,
- (c) The identity of each person who is a party to each such document,
- (d) The author of each such document.

In lieu of describing such document(s) in detail, you may describe such document(s) in general and attach a true and correct copy of such document(s) to your answers to these Interrogatories.

10. The term "**evaluate**" is used in its customary broad sense to include reviewing, evaluating, handling, adjusting, approving, denying, or considering any matter.

11. The term "**identify each person or entity who evaluated the Plaintiff's claims(s)**" means to state the following for each such person:

- A. The name, address, telephone number, and title or position of each person who evaluated otherwise considered the Plaintiff's claim(s).
- B. State the date of each evaluation and describe in general the evaluation that was done by each such person and what documents and other matters were considered by him or her in evaluating or otherwise considering the Plaintiff's claim(s).

PLAINTIFF'S FIRST SET OF INTERROGATORIES TO DEFENDANT,
PRIMERICA LIFE INSURANCE COMPANY

INTERROGATORY NO. 1

Other than denying liability, if you contend that you have been erroneously joined as a defendant in this case, please state the basis for such contention.

ANSWER:

INTERROGATORY NO. 2

State when, how, and by whom you were first put on notice of Plaintiff's claim.

ANSWER:

INTERROGATORY NO. 3

Briefly describe each action taken by you to investigate Plaintiff's claim. Include in your answer the date of each action taken and the identity of the person(s) who participated in the action on your behalf.

ANSWER:

INTERROGATORY NO. 4

Identify each document requested by you after receiving notice of Plaintiff's claim, state the date each document was requested by you, and state the date each document was received by you.

ANSWER:

INTERROGATORY NO. 5

Identify each person interviewed by you after receiving notice of Plaintiff's claim; as part of your answer also state the date of each interview; and briefly describe the information given to you in each interview.

ANSWER:

INTERROGATORY NO. 6

Identify each person who participated in the investigation of Plaintiff's claim; as part of your answer also briefly describe the specific action taken by each person; and state the date each specific action was taken.

ANSWER:

INTERROGATORY NO. 7

State the date of each communication by you with the Plaintiff; as part of your answer also state the method of communication (oral or written); identify the person communicating with the Plaintiff; and briefly describe each communication with the Plaintiff.

ANSWER:

INTERROGATORY NO. 8

Describe briefly all facts which you contend support the denial of Plaintiff's claim. Include in your answer the date you obtained such fact and from whom you obtained each fact.

ANSWER:

INTERROGATORY NO. 9

Identify each person who has expressed an opinion upon which you relied in denying Plaintiff's claim. For each such person state the following:

- (a) the date or approximate time frame the opinion(s) were expressed to you;
- (b) the opinion(s) of such person expressed to you;
- (c) the basis for each such opinion expressed to you; and
- (e) the qualifications of such person which you believed qualified the person to be able to express such opinion(s).

ANSWER:

INTERROGATORY NO. 10

Has the work of any consulting expert been reviewed by a person named as an expert in response to a request for disclosure? If so, provide the following information:

- a. Identify each consulting expert;
- b. Produce the expert's current resume and bibliography;
- c. State the facts known to the expert that relate to or form the basis of the expert's mental impressions and opinions formed or made in connection with the case, regardless of when and how the factual information was acquired;
- d. State the mental impressions or opinions of the expert formed or made in connection with the case and any methods used to derive them;
- e. Identify all documents and tangible things, including reports, models, or data compilations that have been provided to, reviewed by, or prepared by or for

the expert, so the documents or tangible things may properly be sought by a request for production.

ANSWER:

INTERROGATORY NO. 11

If you contend one or more conditions precedent to the filing of this lawsuit have not been met by Plaintiff, identify the conditions you contend have not been met.

ANSWER:

INTERROGATORY NO. 12

Do you contend Plaintiff has not provided you with information or material you have requested and which is necessary for your evaluation of the claim? If so, please identify the information and material, the date you requested it from the Plaintiffs and the manner in which you requested it.

ANSWER:

PLAINTIFF'S FIRST REQUEST FOR PRODUCTION TO DEFENDANT,
PRIMERICA LIFE INSURANCE COMPANY

REQUEST FOR PRODUCTION NO. 1

Claim Files. Defendant's file(s) for the Claim made the basis of this lawsuit. This request includes but is not limited to any written communications received or reviewed during the course of Defendant's handling of this claim, but does not seek the production of any documents protected by the attorney-client and work product privileges.

RESPONSE:

REQUEST FOR PRODUCTION NO. 2

The entire underwriting manual used by you in evaluating potential applications for your Life Insurance Policies, such as the Subject Policy made the basis of this lawsuit.

RESPONSE:

REQUEST FOR PRODUCTION NO. 3

The underwriting file for the Subject Policy made the basis of this lawsuit, including the application(s) completed for such coverage.

RESPONSE:

REQUEST FOR PRODUCTION NO. 4

The entire agent's file(s) for the Subject Policy which was created and/or maintained by you and/or the agent.

RESPONSE:

REQUEST FOR PRODUCTION NO. 5

The entire agent's file(s) for Devan Robertson which was created and/or maintained by you and/or the agent.

RESPONSE:

REQUEST FOR PRODUCTION NO. 6

Copy of each and every computer entry of Defendant which pertains to the Plaintiff, the Plaintiff's claim, or which pertains to any file of the Defendant concerning the Plaintiff, as well as your manual or other documents explaining your computer codes.

RESPONSE:

REQUEST FOR PRODUCTION NO. 7

Copy of each and every computer entry of Defendant which pertains to Devan Robertson, his application(s) for Life Insurance, or which pertains to any file of the Defendant concerning Devan Robertson, as well as your manual or other documents explaining your computer codes.

RESPONSE:

REQUEST FOR PRODUCTION NO. 8

Each investigation report or document in your possession, custody, or control, or to which you have access, which pertains to the Plaintiff, Miriam Maina, and/or the Plaintiff's claim(s).

RESPONSE:

REQUEST FOR PRODUCTION NO. 9

All your claims-handling and/or policy manuals as well as all inserts or supplements thereto in use by you at any time beginning three (3) years prior to January 4, 2015, and continuing to present date. This request only seeks responsive materials related to the handling of Life Insurance Policies.

RESPONSE:

REQUEST FOR PRODUCTION NO. 10

All your claims-handling policies, procedures and bulletins, memos or other documents provided to your claims handlers beginning three (3) years prior to January 4, 2015, and continuing to present date. This request only seeks responsive materials related to the handling of Life Insurance Policies.

RESPONSE:

REQUEST FOR PRODUCTION NO. 11

All training manuals and/or course materials, for each training manual and/or training course or course of instruction used or given by you during the period of time beginning three (3) years prior to January 4, 2015, and continuing to present date, to any adjuster or claims-handler participating in the handling of the Plaintiff's claim(s). This request only seeks responsive materials related to the handling of the Life Insurance Policies.

RESPONSE:

REQUEST FOR PRODUCTION NO. 12

A copy of the Subject Policy(s) issued by you which insured the life of Devan Robertson which was in effect on January 4, 2015, including the declarations pages and all endorsements, riders, or other amendments to the Subject Policy.

RESPONSE:

REQUEST FOR PRODUCTION NO. 13

A copy of the applications submitted for the Subject Policies, including any reports, test results, or other medical records you obtained prior to issuing the Subject Policy.

RESPONSE:

REQUEST FOR PRODUCTION NO. 14

A copy of all correspondence between you and Plaintiff.

RESPONSE:

REQUEST FOR PRODUCTION NO. 15

A copy of all correspondence between you and Devan Robertson.

RESPONSE:

REQUEST FOR PRODUCTION NO. 16

All medical records for Devan Robertson obtained by you during the application process for the Subject Policy.

RESPONSE:

REQUEST FOR PRODUCTION NO. 17

All medical records for Devan Robertson obtained by you during the claim process for the Subject Policy.

RESPONSE:

REQUEST FOR PRODUCTION NO. 18

All requests for medical records regarding Devan Robertson sent out by you (or on your behalf) during the claim process for the Subject Policy.

RESPONSE:

REQUEST FOR PRODUCTION NO. 19

All correspondence regarding the subject claim sent by you or on your behalf to third parties during the claim process for the Subject Policy.

RESPONSE:

EXHIBIT “6”



HARRIS COUNTY DISTRICT CLERK

**HARRIS COUNTY
RECORDER'S MEMORANDUM**
This instrument is of poor quality
at the time of imaging

ENTERED
VERIFIED AS.

ATY ✓ CAUSE NUMBER: 201607354
CIV COURT 234

*ATTORNEY: Callahan, Michael PH: 713-224-9000

***CIVIL PROCESS SERVER:** _____

***PH:**

*PERSON NOTIFIED SVC READY: *M. J. [Signature]*

* NOTIFIED BY: hospital

DATE: 02-22-2016

[illegible]

Process papers prepared by: Krystal Franklin

Date: 02 - 09 -2016 30 days waiting 03 - 10 -2016

*Process papers released to: Maria Lambino
(PRINT NAME)

*(CONTACT NUMBER) (SIGNATURE)

*Process papers released by: Shirley Richardson
(PRINT NAME)

Shameel Richardson
(SIGNATURE)

* Date: 2/22, 2016 Time: 2:50 AM ☒ PM

EXHIBIT “7”

3/7/2016 7:34:20 AM
Chris Daniel - District Clerk Harris County
Envelope No. 9456002
By: LAWANDA CORNETT
Filed: 3/7/2016 7:34:20 AM

CAUSE NO. 201607354

RECEIPT NO.

0.00

ATY

TR # 73214256

PLAINTIFF: MAINA, MIRIAM

vs.

DEFENDANT: PRIMERICA LIFE INSURANCE COMPANY

In The 234th
Judicial District Court
of Harris County, Texas
234TH DISTRICT COURT
Houston, TX

CITATION

THE STATE OF TEXAS
County of Harris

TO: PRIMERICA LIFE INSURANCE COMPANY MAY BE SERVED BY SERVING ITS
ATTORNEY FOR SERVICE CT CORPORATION SYSTEM
OR WHEREVER IT MAY BE FOUND
1999 BRYAN STREET SUITE 900 DALLAS TX 75201 - 3136

Attached is a copy of PLAINTIFF'S ORIGINAL PETITION REQUEST FOR DISCLOSURE, INTERROGATORIES
AND REQUEST FOR PRODUCTION

This instrument was filed on the 4th day of February, 2016, in the above cited cause number
and court. The instrument attached describes the claim against you.

YOU HAVE BEEN SUED, You may employ an attorney. If you or your attorney do not file a
written answer with the District Clerk who issued this citation by 10:00 a.m. on the Monday
next following the expiration of 20 days after you were served this citation and petition,
a default judgment may be taken against you.

TO OFFICER SERVING:

This citation was issued on 9th day of February, 2016, under my hand and
seal of said Court.

Issued at request of:
CALLAHAN, MICHAEL STEPHEN
440 LOUISIANA ST SUITE 2050
HOUSTON, TX 77002
Tel: (713) 224-9000
Bar No.: 790416



Chris Daniel

CHRIS DANIEL, District Clerk
Harris County, Texas
201 Caroline, Houston, Texas 77002
(P.O. Box 4651, Houston, Texas 77210)

Generated By: FRANKLIN, KRYSTAL GAYLE
Q8I/10302088

OFFICER/AUTHORIZED PERSON RETURN

Came to hand at 150 o'clock P.M., on the 26 day of FEBRUARY, 2016.
Executed at (address) 1999 BRYAN STREET, STE. 900, DALLAS TEXAS in
DALLAS County at 913 o'clock A.M., on the 29 day of FEBRUARY,
2016, by delivering to PRIMERICA LIFE INSURANCE COMPANY defendant, in person, a
true copy of this Citation together with the accompanying 1 copy(ies) of the Petition
REQUEST FOR DISCLOSURE, INTERROGATORIES AND REQUEST FOR PRODUCTION
attached thereto and I endorsed on said copy of the Citation the date of delivery.
To certify which I affix my hand officially this 6 day of MARCH, 2016.

FEE: \$ 85

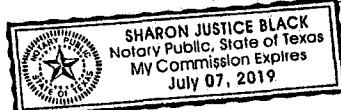
_____ of _____ County, Texas

Johnny R. Black, SCH 209
Affiant 1/31/19



By _____ Deputy

On this day, JOHNNY R. BLACK, known to me to be the person whose
signature appears on the foregoing return, personally appeared. After being by me duly sworn,
he/she stated that this citation was executed by him/her in the exact manner recited on the
return.

SWORN TO AND SUBSCRIBED BEFORE ME, on this 6 day of MARCH, 2016.



Sharon Justice Black
Notary Public

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1 Primerica Life Insurance Company CT Corporation System 1999 Bryan Street, Suite 900 Dallas, TX 75201-3136		B. Received by (Print Name) Chris Ware	C. Date of Delivery FEB 23 2016
 9590 9402 1285 5246 4984 93		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7015 1520 0001 6502 4528		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery (over \$500) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	